



# VERIFICATION OF TEACHING SERVICE CREDIT (222)

NORTH DAKOTA RETIREMENT AND INVESTMENT OFFICE  
TEACHERS' FUND FOR RETIREMENT DIVISION  
SFN 19258 (2-01)

In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is mandatory pursuant to 26 U.S.C. § 3402. The individual's social security number is used for tax reporting and as an identification number.

## SIGNED BY MEMBER:

I am interested in purchasing additional service credit in the North Dakota Teachers' Fund for Retirement and need the remainder of this verification form completed.

Member Name			Social Security Number		
Mailing Address		City	State	Zip Code	
Date of Birth	Sex	Maiden Name			
Retirement System			Years to Verify (if known)		
Address		City	State	Zip Code	
Member Signature			Date		

## COMPLETED BY RETIREMENT SYSTEM:

I certify that according to the official records available to me, the member named above was employed with the employers(s) listed below.

PLACE OF EMPLOYMENT	FROM			TO			SERVICE CREDIT
	Month	Day	Year	Month	Day	Year	

Is the member receiving or entitled to receive a benefit from your system based on this service? ☐ Yes ☐ No

Have the member's funds been withdrawn? ☐ Yes ☐ No

RETURN TO:  
Retirement and Investment Office  
1930 Burnt Boat Drive  
P.O. Box 7100  
Bismarck, ND 58507-7100  
Telephone: 701-328-9885  
Toll Free: 800-952-2970  
Fax: 701-328-9897  
[www.discovernd.com/rio](http://www.discovernd.com/rio)

Signature
Telephone Number
Date